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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037					I hereby certify States Postal Staddressed to t transmitted to t	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
3/21/2005 MBEYEHE2 00000041 10706960							· · · · · · · · · · · · · · · · · · ·	(Depositor's name)	
1 FC:1501 1400.00 GP 2 FC:1504 300.00 GP			A STADEWINA.			(Signature) (Date)			
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		INVENTOR	F	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/706,960 11/14/2003				Christophe	Germiquet		Q78405	7784	
TITLE OF INVENTION: PORTABLE ELECTRONIC DEVICE INCLUDING CAPACITIVE WATER DETECTION MEANS AND METHOD OF IMPLEMENTATION									
4	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FE	EE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	МО	\$1400		\$300		\$1700	03/28/2005	
Ž.	EXAM	EXAMINER . ART U		T CLASS-SUBCLASS					
NGUYEN, VINCENT Q			2858		324-663000				
CF.	R 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat	e address or indication of "Fe dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B)					RESIDENCE: (CITY and STATE OR COUNTRY)				
ASUIAB S.A. SWITZERLAND								-	
Please check the appropriate assignee category or categories (will not be printed on the patent):									
i	The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	small entity discount permitte		A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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Authorized Signature									
	Typed or printed name_	John H. Mion			Registration No				

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